



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MPA - 175735

PRELIMINARY RECITALS

Pursuant to a petition filed July 23, 2016, under Wis. Stat., §49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) to deny Medical Assistance (MA) authorization for a partial denture, a hearing was held on September 7, 2016, by telephone.

The issue for determination is whether petitioner meets the criteria for a partial denture.

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, WI 53703

By: Written submission of [REDACTED], DDS
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Brown County.
2. On June 14, 2016, MDC Omro, S.C. requested prior authorization on petitioner's behalf for an upper partial denture, PA no. [REDACTED]. By a letter dated June 27, 2016, the DHCAA denied the request.

3. On his left jaw petitioner has teeth nos. 12, 13, and 15 in occlusion with nos. 21, 20, and 18. On his right jaw teeth nos. 4 and 5 are in occlusion with nos. 29 and 30. Petitioner is missing no anterior teeth. Petitioner is missing five teeth on his upper arch and only two (the wisdom teeth) on his lower arch.

DISCUSSION

Placement of partial dentures requires prior authorization. Wis. Admin. Code, §DHS 107.07(2)(a)3.b. The MA Provider Handbook, Topic 2895, provides the approval criteria for partial dentures: “Wisconsin Medicaid reimburses for partial dentures *only* for members with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.”

In addition, the denture can be approved if one or more anterior teeth are missing, if the person has at least six teeth per arch, and if the person has less than two posterior teeth per quadrant in occlusion with the opposing quadrant. Id. Finally a denture can be approved in medically necessary for nutritional reasons or other unusual clinical situations.

The posterior teeth are the molars (including wisdom teeth) and the bicuspid, and the anterior teeth are the cuspids and incisors. Petitioner has all four bicuspid in occlusion, and one molar in occlusion on his left side. Thus a strict reading of the policy is that petitioner has no anterior teeth missing, he does not have less than six teeth in each arch, and he has at least two posterior teeth in occlusion.

The MA program has chosen to deny a partial denture if there are two teeth in occlusion in an arch, even if the teeth are the bicuspid instead of the molars. I thus must agree that the denial of the partial denture in this case was correct.

CONCLUSIONS OF LAW

Petitioner did not meet the criteria for approval of an upper partial denture.

THEREFORE, it is

ORDERED

That the petition for review is hereby dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 13th day of September, 2016

\s _____
Brian C. Schneider
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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Madison, WI 53705-5400

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The preceding decision was sent to the following parties on September 13, 2016.

Division of Health Care Access and Accountability